

GREENDALE HEALTH/REHABILITATION CENTER  
3129 MICHIGAN AVENUE

SHEBOYGAN 53081 Phone: (920) 458-1155  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/03): 64  
Total Licensed Bed Capacity (12/31/03): 64  
Number of Residents on 12/31/03: 58

Ownership: Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 56

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		22.4
Supp. Home Care-Personal Care	No					1 - 4 Years		41.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years		17.2
Day Services	No	Mental Illness (Org./Psy)	3.4	65 - 74	5.2			----
Respite Care	Yes	Mental Illness (Other)	5.2	75 - 84	22.4			81.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	58.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	17.2		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	19.0	65 & Over	96.6	-----		
Transportation	No	Cerebrovascular	6.9	-----	-----	RNs		11.7
Referral Service	No	Diabetes	3.4	Gender	%	LPNs		5.0
Other Services	No	Respiratory	8.6	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	34.5	Male	24.1	Aides, & Orderlies		
Mentally Ill	No		----	Female	75.9			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	9	100.0	282	32	88.9	113	0	0.0	0	12	92.3	187	0	0.0	0	0	0.0	53	91.4
Intermediate	---	---	---	4	11.1	95	0	0.0	0	1	7.7	187	0	0.0	0	0	0.0	5	8.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	9	100.0		36	100.0		0	0.0		13	100.0		0	0.0		0	0.0	58	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	2.4	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	6.0	Bathing	5.2	34.5	60.3	58
Other Nursing Homes	0.0	Dressing	15.5	37.9	46.6	58
Acute Care Hospitals	88.1	Transferring	29.3	41.4	29.3	58
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	29.3	34.5	36.2	58
Rehabilitation Hospitals	2.4	Eating	70.7	22.4	6.9	58
Other Locations	1.2	*****				
Total Number of Admissions	84	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.4	Receiving Respiratory Care	3.4	
Private Home/No Home Health	26.7	Occ/Freq. Incontinent of Bladder	37.9	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	11.6	Occ/Freq. Incontinent of Bowel	13.8	Receiving Suctioning	0.0	
Other Nursing Homes	7.0			Receiving Ostomy Care	1.7	
Acute Care Hospitals	10.5	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	25.9	
Rehabilitation Hospitals	1.2					
Other Locations	4.7	Skin Care		Other Resident Characteristics		
Deaths	38.4	With Pressure Sores	0.0	Have Advance Directives	96.6	
Total Number of Discharges (Including Deaths)	86	With Rashes	5.2	Medications		
				Receiving Psychoactive Drugs	48.3	

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.5	86.2	1.01	87.1	1.00	88.1	0.99	87.4	1.00
Current Residents from In-County	96.6	78.5	1.23	81.0	1.19	82.1	1.18	76.7	1.26
Admissions from In-County, Still Residing	27.4	17.5	1.56	19.8	1.39	20.1	1.36	19.6	1.39
Admissions/Average Daily Census	150.0	195.4	0.77	158.0	0.95	155.7	0.96	141.3	1.06
Discharges/Average Daily Census	153.6	193.0	0.80	157.4	0.98	155.1	0.99	142.5	1.08
Discharges To Private Residence/Average Daily Census	58.9	87.0	0.68	74.2	0.79	68.7	0.86	61.6	0.96
Residents Receiving Skilled Care	91.4	94.4	0.97	94.6	0.97	94.0	0.97	88.1	1.04
Residents Aged 65 and Older	96.6	92.3	1.05	94.7	1.02	92.0	1.05	87.8	1.10
Title 19 (Medicaid) Funded Residents	62.1	60.6	1.02	57.2	1.09	61.7	1.01	65.9	0.94
Private Pay Funded Residents	22.4	20.9	1.07	28.5	0.79	23.7	0.95	21.0	1.07
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	8.6	28.7	0.30	33.8	0.26	35.8	0.24	33.6	0.26
General Medical Service Residents	34.5	24.5	1.41	21.6	1.60	23.1	1.49	20.6	1.68
Impaired ADL (Mean)	53.1	49.1	1.08	48.5	1.09	49.5	1.07	49.4	1.07
Psychological Problems	48.3	54.2	0.89	57.1	0.85	58.2	0.83	57.4	0.84
Nursing Care Required (Mean)	4.5	6.8	0.67	6.7	0.67	6.9	0.65	7.3	0.62